

Foster Family Home - Corrective Action Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-9

1619 Hoolehua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/11/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH visit with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

8.(e)(3) Received by the department no later than seven days after the date of the notification that the individual:

Comment:

8.(a)(1), (2)- CG#1's APS/CAN expired on 9/27/19 and no renewal seen in the CCFFH binder. CG#2's APS/CAN expired on 5/3/18 and no renewal was done; Ecrim expired on 5/2/18 and no renewal was done/seen in CCFFH binder. CG#3's APS/CAN & Ecrim expired on 1/31/2020 and no renewals were seen in CCFFH binder.

8.(e), (e)(1), (e)(2), (e)(3)- CG#1's APS/CAN date 9/27/17 resulted in a [REDACTED] and result seen in CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training done for CG#3.

Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(2)	Be a NA, an LPN, or RN;	
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).	
41.(b)(5)(C)(i)	Have a valid driver's license;	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	

Comment:

- 41.(a)(2)- CG#2's CNA license certificate expired on 12/31/19 and CG#3's expired on 10/31/2020; both had no renewals/current license certificate renewals seen in CCFFH binder.
- 41.(a)(3)- CG#3 was without a completed Job Experience Form in the CCFFH binder.
- 41.(b)(4)- CG#3 was without a completed substitute disclosure form in the CCFFH binder.
- 41.(b)(5)(C)(i)- CG#2's ID/Driver license expired on 4/30/19 in the CCFFH binder.
- 41.(b)(7)- TB Clearances for CG#1 expired on 1/9/2020; CG#2's expired on 5/8/18; and CG#3 was without any results in the CCFFH binder.
- 41.(b)(8)- CPR, basic first aid, and bloodborne pathogen certifications expired for CG#2 on 7/7/19, 5/1/18, and 7/7/19 respectively. CG#3 was without any results seen in CCFFH binder.
- 41.(c)- CG#2 and CG#3 were without any documentation of having taken an annual in-service training for the past 24 months.
- 41.(g)- CG#2 and CG#3 were without evidence of having been checked for Basic Skills on Client #1.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.	
Comment:		
(3P)(b)(2)Staff- No completed Sign In/Out Sheets seen in CCFFH binder since 1/10/19.		
Foster Family Home	Client Care and Services	[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

- 43.(c)(3)- No RN Delegation done [REDACTED] for CG#2 and CG#3 for Client #1. For Client #2, CG#2 had no RN Delegation done for [REDACTED].

Foster Family Home - Corrective Action Report

Foster Family Home	Grievance	[11-800-45]
45.	The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:	
45.(1)	Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;	
45.(2)	Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and	
45.(3)	Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed	

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement seen in clients' binder for Client #1 and Client #2 upon admission to the CCFFH.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire	shall be conducted monthly	
(3P)(b)(6) Fire	shall include all SCGs at least once per year	

Comment:

(3P)(b)(1)Fire- No evidence of monthly fire drill seen in CCFFH's binder for the past 24 months.
 (3P)(b)(6)Fire- CG#1, CG#2, CG#3 had no evidence of conducting a fire drill for the past 24 months.

Foster Family Home	Physical Environment	[11-800-49]
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;	
49.(b)(1)	Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;	
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.	

Comment:

49.(a)(4)- Emergency exit doors near the kitchen and living room were obstructed with multiple household items, boxes, etc. preventing a clear pathway for a wheelchair to pass through in the event of an emergency.
 49.(b)(1)- No bedside curtain or screen seen for partition between clients' for privacy as Client #1 and Client #2 share a bedroom.
 49.(c)(3)- Client #1 and Client #2's bedroom smelled like urine. No bedsheet was covering the bed of Client #1 and Client #2 when CTA entered the clients' bedroom.

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.
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(3P)(a)(1) Env.	The two clients must consent to share the room	
(3P)(a)(4) Env.	the room must have at least three (3) feet between the beds	

Comment:

(3P)(a)(1)Env.- No written evidence seen in Client #1 and Client #2 having agreed to share one bedroom.
 (3P)(a)(4)Env.- Client #1 and Client #2's space between each bed was only 16 inches apart.

Foster Family Home - Corrective Action Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No evidence of CG#2 and CG#3 having had training in Emergency Preparedness.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1) - No Emergency/Evacuation Map seen in CCFFH.

54.(b)(1)- CG#1's CCFFH binder was disorganized. CG#1 with numerous missing caregivers' records, results expires, certifications expired, etc. Observed CG#1 looking for documents everywhere and calling caregivers to provide needed documents.

54.(c)(2)- Client #1 and Client #2's Service Plans were expired on 9/2020.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- No Medication Administration Record(MAR) for the month of December 2020; MAR was last signed on 11/20/2020. Three scheduled medications were not available on hand during the CCFFH inspection.

Client #2- No signatures seen in the MAR for November 2020 from 11/21/2020 thru 11/30/2020. There were 4 scheduled medications not on hand during the CCFFH inspection.

54.(c)(6)- ADLs/Daily Care Flowsheet for Client #2's November flowsheet contained no signatures from 11/21/2020-11/30/2020. For Client #1's Daily Care Flowsheet was last signed on 11/20/2020.

Amikel Nakamine, RN
 Compliance Manager
[Signature]
 Primary Care Giver

12/11/2020
 Date

12/11/2020
 Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1)	CG#1 eCrim filed in CCFFH binder. Done 12/10/20 CG#2 eCrim obtained and filed on CCFFH binder. Done 4/5/20. CG#3 eCrim on file on CCFFH and not expired. Done 1/24/20	12//11/20	Home will use calendar to input all due dates. Mark calendar 1 month for renewal
8(a)(2)	CG#1 Fingerprint APS/CAN done 3/28/20. Additional requirements sent. Awaiting result.	12/11/20	Will accomplish and send additional requirements ASAP.
8(e)(1)	CG#2 APS/CAN obtained and filed on CCFFH binder. Done 11/30/20	12/12/20	Home will use calendar to input all due dates. Mark calendar 1 month before to obtain document.
(e)(2)	CG#3 APS/CAN obtained and filed on CCFFH binder.	1/11/21	
(e)(3)			
16(b)(5)	Provided training for CG#3. Signed confidentiality Policies and Procedures and Client's privacy right and on file on CCFFH binder on 5/11/19.		The home will use checklist to keep track of all documents. In the future all SCG will receive this training 1-2 days prior to being added to the home. Home will file all documents in a timely manner.
41(a)(2)	CG#2 CNA license certificate renewed 12/31/19 and filed on CCFFH binder.	12/11/20	Home will use calendar to input all due dates. Will mark calendar to obtain and update CCFFH binder.
	CG#3 CNA license renewed on 10/31/20 and on file on CCFFH binder.	12/11/20	

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(a) (3)	CG#3 Job experience form filed in CCFFH binder on 5/11/19.	12/11/20	Home will use checklist to keep track of documents needed for all new hired SCG. Will file in CCFFH binder in a timely manner
41(b) (4)	CG#3 Substitute disclosure for on fill on CCFFH binder on 5/11/19	12/11/20	Home will use checklist to keep track of documents needed for all new hired SCG. Will file in CCFFH binder in a timely manner
41.(b) (5)(C) (i)	CG#2's Driver's license renewed on 4/30/19 and on file on CCFFH binder	12/12/20	The home will use a calendar to input all due dates. Mark calendar 1 month prior to expiration to obtain renewed ID.
41(b) (7)	CG#1 TB Clearance done and file on CCFFH binder. CG#2 TB clearance done 3/14/20 and CG#3 TB Clearance done 6/23/20 and filed on CCFFH binder.	1/11/21	The home will use a calendar to input all due dates to prevent future lapses. Will mark calendar 1 month before expiration to update records.
41(b) (8)	CG#2 and CG#3 CPR, First Aid and Bloodborne Pathogen Certificates obtained and file on CCFFH binder	1/5/21	The home will use a calendar to input all due dates to prevent future lapses. Will mark calendar 1 month before expiration to update records.
41(c)	CG#2 and CG#3 Annual In-service Trainings on file on CCFFH binder.	12/12/20	The home will use a reminder checklist/calendar with all due dates to keep track of all documents.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(g)	Basic skills for Client #1 Checked and signed by CG#2 and CG#3	12/12/20	Home will notify clients CMA that RN to do Basic Skills Check that needs to be performed within 2 weeks of client admission to the home.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hollehua St Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3P(b)(2)	Completed Sign in/out Sheets filed on CCFFH binder.	12/11/20	Home will ensure that Sign In/Out sheet are made available for SCG to sign while PCG is out. PCG will create a checklist of forms needed for home.
43(c)(3)	RN Delegation done for [REDACTED] for CG#2 and CG#2 for Client#1 and for CG#2 for Client#2.	12/12/20 1/8/21	Home will notify client's CMA that RN delegation needs to be done within 2 weeks of a caregiver being added to the home.
45(1)(2)(3)	Completed CCFFH Admission Policy and Agreement and filed on Client#1 and Client#2 binders respectively.	12/20/20	Home will obtain POA's signature upon client's admission in the CCFFH.
(3P)(b)(1) (3P)(b)(6)	The home completed monthly Fire Drills and filed on CCFFH binder.	12/12/20	The home will use a calendar and mark a specific date for perform monthly fire drills by PCG and SCG. Each SCG will have a scheduled date to perform a Fire Drill and checked monthly to prevent lapse.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49(a) (4)	Emergency exit doors near the kitchen and living room has been cleared with boxes to allow wheelchair to pass through easily in case of emergency	12/11/20	Boxes will be thrown or kept away from exit doors as soon as they are packed or emptied to clear pathways for emergency purposes.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
49(b)(1)	CMA, MD and POA aware and notified that privacy curtain not installed for client#2 safety. Consent forms signed by POA of client#1 and client#2. Service plan updated.	12/11/20	The home will continue to comply with client#2 service plan for client's safety and notify CMA with any changes.
49(c)(3)	Rooms are cleaned daily with anti-bacterial cleaning products. Rooms will be kept well ventilated and with adequate lighting. At the time of visit of CTA staff, PCG with in the process of changing patient's bedsheets.	12/11/20	Maintain cleanliness of the whole house everyday. A chart will be posted for extensive cleaning activities of the whole house. PCG will designate Friday as general cleaning day and inspection of the whole house.
(3P)(a)(4)	Client#1 and client#2 beds were moved so that they were separated 3 feet.	12/11/20	Maintain the 3 feet distance between 2 beds all the time.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 2/3/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(3P)(a)(1)	Obtained written consent from client's POA when they visited last Christmas. Both clients were admitted during the pandemic/lock down so verbal consents were obtained from both POA at the time of admission.	12/20/20	Will obtain both verbal and written consents at the time of admission.
50(a)	CG#2 and CG#3 has been trained with Emergency Preparedness and signed/filed on CCFFH binder on 8/15/16 and 5/11/19 respectively.	12/20/20	Home will create checklist of forms needed for CCFFH and will file all necessary documents in the CCFFH binder in an orderly manner.
54(a)(1)	Emergency/Evacuation Map placed in a visible part of CCFFH.	12/11/20	Will make sure that Emergency/Evacuation Map will be placed in a visible part of CCFFH.
54(b)(1)	Organized CCFFH binder according to Table of Contents provided by CTA.	12/11/20	Organize and update documents in the CCFFH binder in a timely manner.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 01/28/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Therese Vigilla

(PLEASE PRINT)

CCFFH Address: 1619 Hoolehua St. Pearl City, Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(2)	Client#1 and Client#2 Service Plans updated and filed in their respective charts. Informed and obtained documents from CMA.	12/12/20	The home will use a calendar to input all due dates. Mark calendar 1 month prior to renewal.
54(c)(5)	Client#1 and Client#2 MAR signed and filed on each respective charts. Medications for Client#1 were delivered 12/15/20 as [REDACTED] only delivers once a week in Pearl City. Two Medications for Client#2 were already ordered when [REDACTED] came to visit home unannounced and 2 of the medications not on hand were just ordered by PCP the day before the unannounced visit	12/11/20	Client#1 pharmacy was changed by PCG for faster delivery of medications. MAR will be signed as soon as medication is given.
54(c)(6)	ADLs/Daily Care Flowsheet for Client#1 and Client#2 signed and filed on their respective charts.	12/11/20	ADLs/Daily Care Flowsheet for clients will be signed everyday after each care was done.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 01/20/21

☒ CTA has reviewed all corrected items